

Birth Plan

You are welcome to discuss your birth plan with your doctor or health care professionals. When this form is completed, please email to maternity@matilda.org or fax to the Maternity Unit at 2849 6246.

Name: _____ EDD: _____

Patient Booking No.: _____ Obstetrician: _____

My main labour companion: _____

Other support people I would like to have at my birth: _____

1. My most important goals for this birth:

2. Things that will help me feel confident in achieving these goals:

3. My biggest fears:

4. Things that may help alleviate my fears:

5. Things that will help me feel comfortable about breastfeeding, newborn care and going home with my baby:

Other comments:
